

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stephen W. Scherer and Berge A. Minassian

Application No.: 10/567,074 Group: 1634

Filed: June 26, 2006 Examiner: Jeanine Anne Goldberg

Confirmation No: 2296

For: LAFORA'S DISEASE GENE

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection Under 37 CFR § 1.116 for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

			SMALL ENTITY		OTHER THAN SMALL ENTITY			
			RATE	ADDIT. FEE	RATE	ADDIT. FEE		
TOTAL	15	MINUS	* 44	0	X \$26	\$ []		
INDEP	5	MINUS	** 7	0	X \$110	\$ []		
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$195	\$ []	+ \$390	\$ []		
			TOTAL = \$ []		TOTAL = \$ []			
			OR					
			*					
			** not fewer than 3					

The Application Size Fee has been calculated as shown below:*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
80	100	0	X \$135	\$[]	X \$270	\$0

Petition for Extension of Time

- Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____ _____
		\$ _____ _____
		TOTAL: \$ 0 _____

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____ _____
		\$ _____ _____
		TOTAL: \$ 0 _____

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Maria L. Cedroni, Reg. No. 61796/
Maria L. Cedroni
Registration No.: 61,796
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133
Dated: August 7, 2009